



**Concierge Association of Viet Nam**  
(AFFILIATED TO LES CLEFS D'OR SINGAPORE)  
"SERVICE THROUGH FRIENDSHIP"

**MEMBERSHIP APPLICATION FORM**

**LOCAL MEMBERSHIP**

Applicant's Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Office: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach  
a recent  
colour  
photograph  
here**

I/We hereby undertake to abide by the Constitution of CAV and promise to uphold the image and integrity of CAV, I also undertake not to discredit CAV and / or its members and the Executive Committee at any time.

**Applicant must be proposed by Chief Concierge of the hotel where Applicant is working.**

\_\_\_\_\_  
Proposed By

\_\_\_\_\_  
Hotel

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

\*\*\*\*\*

For Official Use:

Application APPROVED / NOT APPROVED at the Executive Committee Meeting held on:

Date of Meeting: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Country Representative

\_\_\_\_\_  
Date

**S E R V I C E T H R O U G H F R I E N D S H I P**

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